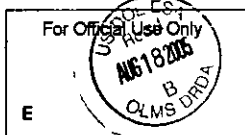


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- 9776	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Harry L Priest P O Box, Bldg, Room No, if any P O Box 809 Street City Clovis State California ZIP Code + 4 93613-0809	4 Name, file number, and address of labor organization Name United Food & Commercial Workers International Labor Organization File Number 000-056 P O Box, Building and Room Number, if any Street 1775 K Street NW City Washington State District of Columbia ZIP Code + 4 20006-1598
5 Position in labor organization International Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Harry Priest</u>	On <u>8/11/05</u> Date	<u>559-297-1314</u> Telephone Number

Name of Person Filing Harry Priest	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No if any</p> <p>Street</p> <p>City</p> <p>State New York ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name UFCW National Health and Welfare Fund</p> <p>Trade Name, if any Taft Hartly 302c(5) Trust Fund</p> <p>P O Box, Bldg Room No if any P O Box 751</p> <p>Street 66 Grand Avenue</p> <p>City Englewood</p> <p>State New Jersey ZIP Code + 4 07631-3506</p>	<p>11 a Nature of such dealing</p> <p>Performing duties as a Trustee</p>
	<p>11 b Approximate dollar value of such dealing \$0</p>
	<p>12 a Nature of interest held or income received</p> <p>Trustee Expense(See attached for amount) reimbursement for round trip air travel Fresno California to Newark/Tenafly New Jersey including Hotel stays and meals and Airport parking Fresno International airport, directly related to physical trust meetings</p>
	<p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name Milliman Consultants and Actuaries</p> <p>Trade Name, if any Consultants and Actuaries</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street One Pennsylvania Plaza, 38th Floor</p> <p>City New York</p> <p>State New York ZIP Code + 4 10119</p>	<p>14 a Nature of payment</p> <p>Lunch - Meeting in relation to cost and benefit structure of Health and Welfare Contract Proposal being negotiated between UFCW and Affiliate Local Union 45 and 186D and the Gallo Wine Company</p>
<p>13 b Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14 b Amount of payment \$50</p>

Part B

Name of Reporting Employer: UFCW National Health & Welfare Fund	File Number: E
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
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9 a <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both		9 c Position in labor organization or with employer (if an independent labor consultant so state) International Representative
9 b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made Name Harry Priest P.O. Box Building and Room Number, if any P.O. Box 809 Street City Clovis State CA ZIP Code 93613		9 d Name and address of firm or labor organization with whom employed or affiliated Organization UFCW International Union AFL-CIO/CLC P.O. Box Building and Room Number, if any P.O. Box 809 Street City Clovis State CA ZIP Code 93613
10 a Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made Trust Agreement Trustee Expense & Reimbursement Policy 1998		10 b The promise, agreement, or arrangement was <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached)
11 a Date of each payment or expenditure (mm/dd/yyyy)	11 b Amount of each payment or expenditure	11 c Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
10/01/03 10/10/03 01/20/04 03/23/04 06/08/04 07/01/04 08/17/04	36.00 3,533.00 4,339.40 36.00 4,329.40 36.00 3,533.39	Remuneration by check of travel costs and expenses relating to attendance of Trustees meetings.
12 Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made Pursuant to the Trust Agreement, Expense and Reimbursement Policy established in the Trust (revised in 1998) the Trustees receive reimbursement for travel expenses, meals, lodging and ancillary costs incurred due to their attendance at Trustees meetings. In all instances, Trustees purchase the above reimbursables, submit their request for reimbursement with receipts and are reimbursed from the Fund for all eligible, approved expenses. All of the payments benefit the UFCW National Health and Welfare Fund.		